



**Greenbrier Valley  
Medical Center**



**Vandalia Health**

1320 Maplewood Ave | Ronceverte WV 249708016

## Encounter Summary

Account Name	UROTELEBEC ZZCERT
Encounter Number	5000003332
Total Charges	\$213.00
Patient Payments/Adjustments	-\$112.89
Total Insurance Payments	\$0.00
Total Insurance Adjustments	\$0.00
Due Date	09/08/2023

**Patient Balance** **\$100.11**

## Messages

We've received no payment and this balance is seriously delinquent and will soon be placed with our collections, which may impact your credit report. Please send payment in full or call Customer Service at 304-388-7530 to make payment arrangements.




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Medical Center**



**Vandalia Health**

1320 Maplewood Ave | Ronceverte WV 249708016

## Patient Statement

 For help with billing questions, please call:  
(304) 388-7530  
Office Hours: 8:00AM-4:30PM Mon-Fri

ADDRESSEE:



UROTELEBEC ZZCERT  
1200 J D ANDERSON DR  
MORGANTOWN WV 26505-3494

01000500382624500000000100112

**Amount Due:**  
**\$100.11**

## Online Bill Pay

A fast, convenient way  
to manage your bill



[www.camc.org/paymybill](http://www.camc.org/paymybill)

## Additional Information



### Thank you for being a patient with us!

The person responsible for this bill may be entitled to financial assistance that reduces the amount owed or eliminates it entirely depending on the responsible person's income level and assets.



If you would like to get more information about CAMC's Financial Assistance Program or to make payment arrangements, please contact Customer Service by calling **304-388-7530** or visiting our website at **www.CAMC.org**.



### Make a one-time payment online!

[www.camc.org/paymybill](http://www.camc.org/paymybill)

Account Name: UROTELEBEC  
ZZCERT  
Encounter Number: 5000003332  
Due Date: 09/08/2023  
Amount Due: \$100.11  
Amount Paid: \$ \_\_\_\_\_

MAKE CHECKS PAYABLE AND REMIT TO:

**CHARLESTON AREA MEDICAL CENTER**  
PO BOX 37819  
BALTIMORE MD 21297-7819



2

If you would like to get more information about CAMC's Financial Assistance Program, please contact us by calling the Customer Service Help Line at **304-388-7530** or visiting our Website at **[www.CAMC.org](http://www.CAMC.org)**.



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## Encounter Summary

Account Name	ENTMASSSUM ZCCERT
Encounter Number	5000003691
Total Charges	\$331.00
Patient Payments/Adjustments	-\$175.43
Total Insurance Payments	\$0.00
Total Insurance Adjustments	\$0.00
Due Date	09/08/2023

**Patient Balance** **\$155.57**

## Messages

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## Patient Statement

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(304) 388-7530  
Office Hours: 8:00AM-4:30PM Mon-Fri

ADDRESSEE:



ENTMASSSUM ZCCERT  
1200 J D ANDERSON DR  
MORGANTOWN WV 26505-3494

01000500382624400000000155574

**Amount Due:**  
**\$155.57**

## Online Bill Pay

A fast, convenient way  
to manage your bill



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## Additional Information



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### Make a one-time payment online!

[www.camc.org/paymybill](http://www.camc.org/paymybill)

Account Name: ENTMASSSUM  
ZZCERT  
Encounter Number: 5000003691  
Due Date: 09/08/2023  
Amount Due: \$155.57  
Amount Paid: \$ \_\_\_\_\_

MAKE CHECKS PAYABLE AND REMIT TO:

**CHARLESTON AREA MEDICAL CENTER**  
PO BOX 37819  
BALTIMORE MD 21297-7819



Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
7/20/23 7/25/23	<b>Date of Service (07/20/23) ENTMASSSUM ZZCERT</b> <i>Encounter #: 5000003691</i> Office Visit Level 3 New 99203 Uninsured Discount Patient Balance	\$331.00	-\$175.43	\$155.57

The person responsible for this bill may be entitled to financial assistance that reduces the amount owed or eliminates it entirely depending on the responsible person's income level and assets.

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